

RONALD A. KATZ TECHNOLOGY LICENSING, L.P.

9220 Sunset Blvd., Suite 315
Los Angeles, CA 90069
(310) 247-2860
fax (310) 247-2864

TELEFAX TRANSMITTAL COVER SHEET

DATE: September 26, 2002

TIME:

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 12 pages

PLEASE DELIVER TO: Examiner Stella Woo
Group Art Unit 2643
(703) 872-9314 (fax)
(703) 305-4395 (phone)

FROM: Reena Kuyper
RE: Serial No. 09/505,914

CONTACT: Laura Harmon IF ALL PAGES ARE NOT RECEIVED (310) 247-2860

NOTES: PLEASE DELIVER THE ENCLOSED IMMEDIATELY TO:
EXAMINER STELLA WOO, ART UNIT 2643.

OFFICIAL FILING VIA FACSIMILE – SERIAL NO. 09/505,914

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A2D, L.P.

Patent
245/249 (prev. 6046-101D9)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Ronald A. KATZ

Serial No.: 09/505,914

Filed: February 17, 2000

For: COMMERCIAL PRODUCT
ROUTING SYSTEM WITH VIDEO
VENDING CAPABILITY

Group Art Unit: 2643

Examiner: S. Woo

Office Action Mailed:

August 27, 2002

Official

AMENDMENT TRANSMITTAL

Box Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:

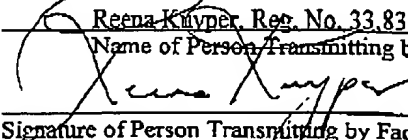
Transmitted herewith is an Amendment and Response to Office Action for the above-identified application.

- ☒ **"Small Entity Status"** of this application under 37 CFR §§ 1.9 and 1.27 has been established by a Verified Statement previously submitted.
- ☐ A Verified Statement to establish **"Small Entity Status"** under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☐ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(4)] for the total number of months checked below:

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. §1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by facsimile on the date shown below to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

September 26, 2002
Date of Facsimile Transmission

Reena Krupar, Reg. No. 33,830
Name of Person Transmitting by Facsimile

Signature of Person Transmitting by Facsimile

Patent
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EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$400.00
3 months	<input type="checkbox"/> \$460.00	<input type="checkbox"/> \$920.00
4 months	<input type="checkbox"/> \$720.00	<input type="checkbox"/> \$1,440.00

☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

☐ Extension fee due with this Request _____.

☒ **NO ADDITIONAL EXTENSION FEE IS REQUIRED.**

FEES FOR CLAIMS:

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	101	-	76	=	25	x	\$18.00	\$450.00
Independent Claims	1	-	3	=	0	x	\$84.00	\$0.00
Multiple Dependent Claims	\$280	(if applicable)					<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$450.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. If applicable, Verified Statement must be attached.								<input checked="" type="checkbox"/> \$225.00
TOTAL FEES FOR CLAIMS SUBMITTED HERewith								\$225.00

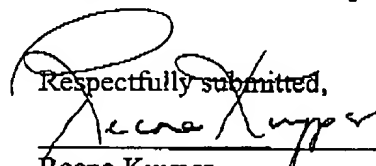
☐ A check in the amount of _____ is enclosed to cover the above fee(s).

☒ Charge Deposit Account No. **50-1636** in the amount of **\$225.00**.

☐ The Commissioner is authorized to charge Applicant's Deposit Account No. **50-1636** for any fees required under 37 CFR §§ 1.16, 1.17 and 1.445 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **50-1636**.

Dated: September 26, 2002

9220 Sunset Blvd., Suite 315
Los Angeles, California 90069
(310) 247-2860

Respectfully submitted,

Reena Kuyper
Registration No. 33,830